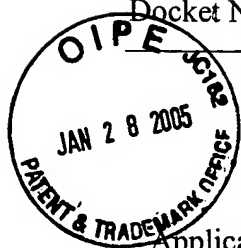


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INFORMATION DISCLOSURE STATEMENT

Applicants : Luis De Taboada et al.
App. No : 10/682,379
Filed : October 9, 2003
For : DEVICE AND METHOD FOR
PROVIDING PHOTOTHERAPY
TO THE BRAIN
Examiner : David M. Shay
Art Unit : 3739

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

1/24/05

(Date)

Bruce S. Itchkawitz, Reg. No. 47,677

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing in the above-identified application is an Information Disclosure Statement by Applicant (PTO/SB/08 equivalent) listing ten (10) references to be considered by the Examiner. Also enclosed are six (6) copies of foreign patent references and/or non-patent literature as listed on the Information Disclosure Statement.

This Information Disclosure Statement is being filed before the receipt of a first Office Action on the merits, and presumably no fee is required. If a first Office Action on the merits was mailed before the mailing date of this Statement, the Commissioner is authorized to charge the fee set forth in 37 C.F.R. § 1.17(p) to Deposit Account No. 11-1410.

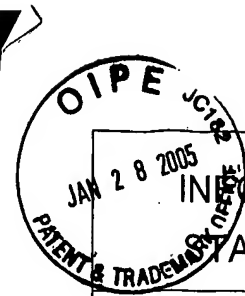
Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 1/24/05

By:

Bruce S. Itchkawitz
Registration No. 47,677
Attorney of Record
Customer No. 20,995
(949) 760-0404



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| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Multiple sheets used when necessary) SHEET 1 OF 1 | Application No. | 10/682,379 |
| | Filing Date | October 9, 2003 |
| | First Named Inventor | Luis De Taboada et al. |
| | Art Unit | 3739 |
| | Examiner | David M. Shay |
| | Attorney Docket No. | ACULSR.005CP1 |

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| Examiner Initials | Cite No. | Document Number | Publication Date | Name of Patentee or Applicant | Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear |
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| Examiner Signature | Date Considered |
| *Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. | |

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